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**ICANotes** Behavioral Health EHR

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SOS  
610 N. Silver St  
Silver City, NM 88061

575-956-6131  
575-956-6947

Medicaid ID: YIF905154145

**Yazzie, Joshua**

ID: 153 DOB: 7/5/1984  
Treatment Plan (SOS)

Use Note Creation Time  
Clear Time  
Set Date/Time  
7/27/2023  
10:18 AM

**BARRIERS**  
- client expresses feeling mild anxiety symptoms  
- Increase social support system  
- Assist in finding community support

**STRENGTHS**  
Joshua's strengths include:

**Cognitive**  
- Intellectually bright  
- Can make needs known  
- Verbal

**Behavioral**  
- Generally compliant

**Motivation**  
- Is motivated for treatment

**Signature below indicates that this Treatment Plan has been reviewed and approved:**

Date: \_\_\_\_\_ Clinician: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Clinician: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Patient/Client: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Other: \_\_\_\_\_

A copy of this treatment plan was: \_\_\_\_\_ given to the patient/client/family OR \_\_\_\_\_ declined by the patient/client/family:

Date: \_\_\_\_\_ Clinician: \_\_\_\_\_ Title: \_\_\_\_\_

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(Please click in the field and scroll down to see the full text of note.)

Capture Signature  
#1 Signed By:  Joshua  
7/27/2023

Capture Signature  
#2 Signed By:  Clin  
7/27/2023

Capture Signature  
#3 Signed By: 